

REPORT ON THE REVIEW OF HEALTH POLICIES AND LAWS RELEVANT TO
THE ESTABLISHMENT OF THE HEALTH PROFESSIONS AUTHORITY IN
UGANDA

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Executive Summary

The Protocol for the establishment of the Regional Level Health Professions Authority (EAHPA) has been drafted by the EAC and it was recommended that the establishment of the proposed EAHPA be preceded by the formation of an umbrella national level regulatory body in each of the EAC partner states. To develop an effective legal framework Health Professions Authority in Uganda, it is necessary to review the legislative and institutional framework for professional councils in the health sector so as to address the constraints, restrictive legal and regulatory challenges.

There are three regulatory bodies established by Acts of Parliament. These are: the Medical and Dental Practitioners Council, the Allied Professionals Council and the Nurses and Midwives Council. However, there are some weaknesses and gaps both in the Acts and in the operation of the regulatory bodies. Some of the weaknesses include the following:

- Weak and unsupportive legislation in some areas of practice and operation;
- Regulation of the profession and professionals fragmented between the Professional Bodies, Pharmacy Society of Uganda, the National Drug Authority and Allied Health Professional Council;
- Limited opportunity for resource mobilization (no common voice);
- Investment climate frustrating due to prolonged processes and movement between institutions;
- Prolonged Licensure procedure;
- Inadequate resources;
- Rigid regulatory structures;
- Duplication and unclear roles of professional bodies. For example the Pharmacy Society of Uganda and the Pharmacy Board;
- Ambiguity of some of the provisions of the existing laws; and
- Lack of legal framework to regulate some the practice. For example the traditional and complimentary medicine

To address the above gaps and challenges it is necessary enact some new acts and amend some of the existing Act so as to strengthen the existing Health Professions' Regulatory framework and have a strong monitoring capacity within the government and regulatory agencies

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1. Introduction

Uganda has Health Professional Councils which were established by different laws. This report provides an overview of policies and laws that are relevant to the operation of the health professional councils. It specifically identifies legislative weaknesses, gaps, bottlenecks, areas of overlaps in the existing Acts governing the Health Professional bodies and assesses how they impede the private sector involvement. It identifies obsolete acts and regulations and proposes appropriate amendments, enactment of new Acts and regulations that are necessary to strengthen the health professional councils to operate in line with the proposed National Health Professions Authority.

2. Background

At the fifth joint meeting of EAC Health Professional Boards, Councils, Associations and Societies held in Arusha, Tanzania 23rd to 24th March 2009, pursuant to the provision of the treaty for the establishment of the EAC, the Council of Ministers of the Community signed a protocol for the establishment of the Regional Level Health Professions Authority (EAHPA). This regional body is intended to promote efficient, safe and quality health care delivery across the East African partner states and to harmonize the standards of health care practice within the East African Region. It was recommended that the establishment of the proposed EAHPA be preceded by formation of an umbrella national level regulatory body in each of the EAC partner states.

In August 2010, the Permanent Secretary, Ministry of Health appointed a task force to work on the establishing of the National Health Professions Regulatory Authority. In order to establish the Uganda Health Professions Authority, the IFC the Health in Africa Initiative (HIA) program in conjunction with the Ministry of Health commissioned a study which one of the objectives is to undertake a review of legislative and institutional framework of the professional health councils so to identify gaps, inconsistencies, overlaps, conflicts and constraints and to revise and enact their legislation that would provide to formulate a unified National Health Professionals Authority in line with the recommendations of East African Community guidelines. The review will result in more robust councils with expanded mandates, stronger organization and better funding structures.

3. Review of Policies and Laws relevant to the establishment of the Health Professions Authority

2.1 EAC Instruments

2.1.1 The EAC Treaty 1999

The EAC makes provisions for the establishment of EAC Health Professions Authority. Article 9 provides for the establishment of the Organs and Institutions of the Community. The organs and institutions of the Community shall perform the functions, and act within the limits of the powers conferred upon them by or under this Treaty. Article 118 provides that partner States are required to harmonise national health policies and regulations and promote the exchange of information on health issues in order to achieve quality health within the Community and also co-operate in promoting research and the development of traditional, alternate or herbal medicines; co-operate in the development of specialized health training, health research, reproductive health, the pharmaceutical products and preventive medicine.

Article 151 requires the Partner States to conclude necessary Protocols each area of co-operation that spell out the objectives and scope of, and institutional mechanisms for co-operation and integration. Health is one the areas that require cooperation and thus the need to establish the EAC Health Professions Authority.

Gaps:

- No protocol for health training in the EAC;
- No protocol of regulating development of traditional, alternate or herbal medicines.

Recommendations:

- Develop a Protocol to regulate health training in the EAC
- Develop a Protocol to regulate traditional, alternate or herbal medicines.

2.1.2 The East African Community Protocol on the Establishment of the East African Health Professions Authority

This Protocol is made Articles 9, 118 and 151 of the Treaty for the Establishment of the East African Community. The Protocol intends to govern the co-operation of the Partner States in the establishment of the East African Health Professions Authority. Its objective is to establish the East African Health Professions Authority as an institutional mechanism for the coordination and regulation of the training and practice of all health professions in the East African Community Partner States which is responsible for responsible for the coordination and regulation of the training and practice of all health professions in the East African Community Partner

States. The mandate of the Authority is to protect and promote the health of the population of East Africa by continuously setting and maintaining safe and high quality standards for the training and practice of all health care professions in the region. Statutory functions include the following:

- To protect and promote the health of the general public
- To set and regulate the compliance with safe and quality health care standards for the training, accreditation and practice of all health care professions registered with the Authority.
- To promote Continuing Professional Development (CPD) and ensure on-going professional competence for all health care service providers registered with the relevant constituent Health Profession Board and/or Council.
- To conduct annual inspection and accreditation visits to all health care providers, health care facilities and health care training institutions in order to ensure continuous compliance with approved standards
- To determine minimum basic standards for health care professional education and training in East Africa.
- To set and maintain high standards of ethical and professional practice by all health care providers, health care facilities and health care training institutions in East Africa.
- To undertake any other such act (s) may protect the general health of the population and/or promote the standards of the training and/or practice of all health professions in East Africa.

Weaknesses/ constraints

- The Protocol is not known by most of the Health Professionals in Uganda and therefore do not appreciate the basis for establishing the National Health Professions Authority;
- The Protocol requires the Sectoral Council to make regulations to operationalize the Protocol. No regulations have been made thus the Protocol is not yet implemented.

Recommendations:

- Avail copies of the Protocol to the Professional Councils and popularize it;
- The Sectoral Councils should develop Regulations setting standards on health care facilities, health care training and ethical and professional practice.

2.2 Policy Framework

2.2.1 The Second National Health Policy 2010

This is main policy for the Ministry of Health (MoH). Its goal is to attain a good standard of health for all people in Uganda in order to promote healthy and

productive lives. The Policy recognizes that the private sector shall be seen as complementary to the public sector in terms of increasing geographical access to health services and the scope and scale of services provided. It encourages effective building and utilisation of the full potential of public and private partnerships in Uganda's national health development by encouraging and supporting participation in all aspects of the National Health Policy implementation at all levels.

Under the Policy MoH mandated to coordinate the drafting of bills to promote and regulate health services. It recognizes that the Government has put in place policy analysis units to the Ministry of Health to develop bills.

The Policy recognised that various bills such as the Pharmacy Profession and Practice Bill, Uganda Medicines Control Authority Bill, Food and Nutrition Bill, Food and Drug Act, National Health Insurance Bill and the Traditional and Complementary Medicines Bill are at different stages of development. It also recognized that there are gaps in the legal framework for the adaptation of new health technologies and practices and that the process of reviewing legislation and policies has been slow. Financial and human resources allocated for these processes have been inadequate. Structures mandated to enforce the health regulatory framework such as the Health Professional Councils and the National Drug Authority have limited capacity. Enforcement of legislation and policies remains a major challenge.

The National Health Policy 2010 states that the government is working on the development of various bills such as the Pharmacy Profession and Practice Bill, Uganda Medicines Control Authority Bill, Food and Nutrition Bill, Food and Drug Act, National Health Insurance Bill and the Traditional and Complementary Medicines Bill are at different. It further notes that gaps also exist in the legal framework for the adaptation of new health technologies and practices and that the process of reviewing legislation and policies has been slow. Financial and human resources allocated for these processes have been inadequate. Structures mandated to enforce the health regulatory framework such as the Health Professional Councils and the National Drug Authority have limited capacity. Enforcement of legislation and policies remains a major challenge.

Gaps/ Weaknesses

- The Policy mentions the following bills will be developed: the Pharmacy Profession and Practice Bill, Uganda Medicines Control Authority Bill, Food and Nutrition Bill, Food and Drug Act, National Health Insurance Bill and the Traditional and Complementary Medicines Bill. None of the bills has not been finalized.

- There is no legal expertise in the Policy Analysis unit in the Ministry of Health to support the development of necessary bills.

2.2.2 The National Policy on Public Private Partnership in Health

This Policy provides a framework for linkages of the public and private sectors. The Policy provides a framework that enables the public and private sectors to work together to improve service delivery by exploiting the comparative advantages of each other.

The Policy provides that the overall goal for the Public-Private Partnership in Health is to contribute to strengthening the national health system with the capabilities and full participation of the private health sector to maximise attainment of the national health goals.

The Policy provides that the general objectives of the Partnership are:

- To establish a clear institutional and legal framework to effectively build and utilise the full potential of the public private partnership in Uganda's national health development;
- To establish a functional integration and to support the sustained operation of a pluralistic health care delivery system by optimising the equitable use of available resources;
- To invest in comparative advantages of the partners in order to sustain scope, quality, and volume of services to the population.

The policy provides three categories of the PPPH as: Private Not For Profit health providers (PNFP), Private Health Practitioners (PHP) and Traditional and Complimentary Medicine Practitioners (TCMP)

Gaps/ weaknesses that affect the implementation of the Policy

- No Regulations for standard delivery and health facilities.
- No legal framework for health insurance;
- No regulations that define the relationship between PNFPs, PHP and TCMP and the Ministry of Health;

Development of Regulations:

- Develop regulations for approval and inspections of health facilities of PNFPs.
- Develop regulation for a financing system which guarantees access to quality healthcare from the PHPs.

Development of New Bills

- Enact a Traditional Medicine Practice Bill that establishes the Traditional Medicine Practice Council, makes provisions for registration of TM practitioners, licensing of TM practices.
- Enact Herbal drugs Bill;
- Enact National Health Insurance Bill.

2.2.3 Uganda National Health Laboratory Services Policy 2009

The objectives of the policy are:

- To put in place an appropriate organizational and management structure for coordinating laboratory services;
- To develop, recruit, deploy, motivate, and retain adequate numbers of human resources for laboratory services;
- To mobilize financial and logistical resources required to support the delivery of quality laboratory services;
- To establish a system for monitoring and evaluation of laboratory services.

The Policy seeks to promote partnerships between public and private laboratories.

Gaps:

- No Act or regulations for implementing the policy.

Recommendations:

- Enact National Health Laboratory Services Bill.

2.3 Legislative Framework

2.3.1 The Constitution 1995

The Constitution of Uganda lacks a substantive provision on health but makes has some provisions that are relevant to health. These include the following:

- Objective XIV(b), in the Uganda's national principles and objectives of national policy provides that State has a duty to ensure that all Ugandans enjoy access to health services.
- Objective XX expresses the State's commitment to take all practical measures to ensure the provision of basic medical services to the population.
- Article 23 provides protection of personal liberty. In terms of health no person shall be deprived of personal liberty for the purpose of preventing the spread of an infectious or contagious disease; in the case of a person who is, or is reasonably suspected to be, of unsound mind or addicted to drugs or alcohol, for the purpose of the care or treatment of that person or the protection of the community;
- Article 39 affirms every Ugandan's right to a clean and healthy environment.

- Article 21(2) of the Constitution provides that no one should be discriminated against.
Article 22(2) provides that no person has the right to terminate the life of an unborn child, unless authorised by law.
- The State is required to protect women and their rights, taking into account their unique status and natural maternal functions under Article 33(3).
- Children are protected under the Constitution. Article 34(3) provides that no child should be deprived by any person of medical treatment, while Article 34(4) provides that they are entitled to protection from social or economic exploitation and that they should not be employed in or required to do work that is likely to be harmful to their health.
- Article 26(2) provides that a person can be deprived of property in the interest of public health.
- Article 21(1) provides that no person should be deprived of life intentionally except under the law in execution of a sentence passed in a fair trial by a Court of competent jurisdiction in respect of a criminal offence and if the conviction and sentence have been confirmed by the highest Appellate
- Article 40 requires Parliament to enact laws to provide for the right of persons to work under satisfactory, safe and healthy conditions;
- Article 169 provides for the establishment of the Health Service Commission whose one of the functions is to prescribe the categories of public officers to constitute the health service.

Gaps:

- There is no constitutional right to standard health care services.

Recommendation:

- There is a need to amend the Constitution to cover the right to attain the highest standard of health, which includes the right to health care services, including reproductive health care.

2.3.2 The Medical and Dental Practitioners Act Cap 272

An Act to consolidate the law relating to the medical and dental practice and for other connected purposes. It establishes the Medical and Dental Practitioners Council whose functions include the following:

- to monitor and exercise general supervision and control over and maintenance of professional medical and dental educational standards, including continuing education;
- to promote the maintenance and enforcement of professional medical and dental ethics;
- to exercise general supervision of medical and dental practice at all levels;
- to exercise disciplinary control over medical and dental practitioners;

- to protect society from abuse of medical and dental care and research on human beings;
- to advise and make recommendations to the Government on matters relating to the medical and dental professions;
- to exercise any power and perform any duty authorised or required by this Act or any other law;
- to disseminate to the medical and dental practitioners and the public, ethics relating to doctor-patient rights and obligations; and for the purposes of discharging its functions under this Act and
- perform any other function or act relating to medical or dental practice as the Minister may direct.

Under Section 2, it establishes the Medical the Medical and Dental Practitioners Council composed of the following:

- the chairperson, who shall be a senior practitioner appointed by the Minister;
- the director general of health services;
- persons representing their respective bodies all of whom shall be appointed by the Minister on the recommendation of the respective bodies represented by them as follow two representatives of the faculties of medicine of all the universities established by law in Uganda; two representatives of the Uganda Medical Association; one representative of the Uganda Dental Association; one private practitioner representing the Uganda private medical and dental practitioners.

The Functions of the council are as follows:

- to monitor and exercise general supervision and control over and maintenance of professional medical and dental educational standards, including continuing education;
- to promote the maintenance and enforcement of professional medical and dental ethics;
- to exercise general supervision of medical and dental practice at all levels;
- to exercise disciplinary control over medical and dental practitioners;
- to protect society from abuse of medical and dental care and research on human beings;
- to advise and make recommendations to the Government on matters relating to the medical and dental professions;
- to exercise any power and perform any duty authorised or required by this Act or any other law;
- to disseminate to the medical and dental practitioners and the public, ethics relating to doctor-patient rights and obligations; and for the purposes of discharging its functions under this Act, to perform any other function or act.

The Act establishes the Secretariat whose functions are:

- to implement the decisions of the council;
- to recommend proposals for the formulation of policies of the council and to implement those policies adopted by the council;
- to establish and maintain relationships with national, regional and international organisations, institutions and agencies as may be appropriate for facilitating the implementation of the policies and the carrying out of the functions of the council;
- to carry out other functions within the functions of the council as the council may direct.

The Chief Executive Officer of the Council is a Registrar of is a public officer appointed by the Health Service Commission from among the registered practitioners and has the following functions:

- to keep and maintain, on behalf of the council, registers of medical and dental practitioners
- to make necessary alterations and corrections in the registers in relation to any entry as may be directed by the council;
- to remove from the register the name of any person ordered to be removed in accordance with this Act; the name of a deceased practitioner; any entry which might have been incorrectly or fraudulently made in the register; with the consent of the person concerned, the name of a person who has ceased to practise;
- to reinstate any name removed from the register at the request of the person concerned and payment of the prescribed fee;
- on behalf of the council, to inspect and have full access to all medical and dental health units, acting in accordance with the provisions of this Act;
- to record or cause to be recorded all minutes of meetings of the council and its committees and to keep all records and documents of the council;
- to have the custody of the seal of the council; to carry on any other function that may be conferred on him other by the council.

The Registrar is also subject to the general control of the council, be responsible for the funds and property of the council and for the day-to-day administration of the affairs of the council and of the secretariat and for the control of the staff of the council.

The chairperson may, from time to time, in writing, require the registrar to submit a report on any matter affecting the affairs of the council, and the registrar shall comply. The registrar shall, within three months after the end of each financial year, submit to the council a general report on the affairs and activities of the council.

The Act establishes the Deputy registrar is appointed in the same manner as the registrar and hold office on similar terms and conditions and may performs such duties as may be assigned to him or her by the registrar and shall deputise the registrar in all his or her duties and in the absence of the registrar shall perform the duties of the registrar.

The Act requires those engaged in private practice to have a private practicing license. Private health units must register (Section 29) and can only operate if attended by medical or dental practitioner (Section 31); they must be inspected by the registrar or authorised medical or dental practitioner (Section 32). The medical council may inquire into allegations of professional misconduct by a registered practitioner (Section 33). It is an offence to falsely use a name or title implying a qualification to practice medicine, surgery or dentistry (Section 47).

Gaps/ weaknesses/ constraints:

- The appointment of the Chairperson of the Council is made by the Minister which is undemocratic for a professional body;
- No specific provisions for regulating licenses for foreign medical and dental practitioners;
- No provisions allowing representation of other professional councils on the Medical and Dental Council;
- No provisions for regulating e-medicine;
- No provisions on incentives to attract private health practitioners to provide services in the under-served and hard to reach areas;
- No provisions to be involved in the development of guidelines to establish a training institution.
- No provisions to be involved in the approval and register of training institutions for medical and dental practitioners;
- No provisions to monitor training in training institutions for medical and dental practitioners;
- No provision to be involved in the setting of a curriculum and guidelines for conducting exams;
- No provisions register names of the registered medical and dental practitioners in the Government Gazette;
- No provisions for collaboration with other regulatory bodies such as joint inspection of premises and joint disciplinary actions;
- No provisions for protection of medical and dental practitioners in their professional practice;
- No clear provisions for disciplining professionals employed under the Public Services arrangement;

- No provisions for creating offences to charge non professional who use the name, trade tools and equipment that are a preserve of the medical and dental profession.

Recommendations:

- Amending the Act to cover the following aspects:
 - ✓ Selection of the Chairperson of the Council by election amongst doctors and dental practitioners themselves;
 - ✓ regulating licenses for foreign medical and dental practitioners;
 - ✓ Categorising clinics and the staff requirements;
 - ✓ Allowing representatives of other professional councils on the Medical and Dental Council;
 - ✓ dispute resolution procedure and mechanisms;
 - ✓ Regulating training and examination of professionals;
 - ✓ coordination with other professional councils on joint inspections of premises and joint disciplinary actions;
 - ✓ Protection of medical and dental practitioners in their professional practice;
 - ✓ issuing licences for interns, inspecting and accrediting new and existing institutions for medical and dental training;
 - ✓ approving and registering training institutions for medical and dental practitioners in Uganda;
 - ✓ Publication of the register names of the registered medical and dental practitioners in the Government Gazette;
 - ✓ Disciplining professionals under the Public Service.

Develop Regulations under the Act to cover the following:

- the adaptation of new health technologies and practices such as regulation of e-medicine.

2.3.3 The Nurses and Midwives Act

The Act makes provisions for the training, registration enrollment and discipline of nurses and midwives of all categories. The Act establishes the Nurses and Midwives Council. The functions of the Council are as follows:

- to regulate the standards of nursing and midwifery in the country;
- to regulate the conduct of nurses and midwives and to exercise disciplinary control over them;
- to approve courses of study for nurses and midwives;
- to supervise and regulate the training of nurses and midwives;
- to grant diplomas or certificates to persons who have completed the respective courses of study in nursing or midwifery;

- to supervise the registration and enrollment of nurses and midwives and the publication of the names of registered and enrolled nurses and midwives in the Gazette;
- to advise and make recommendations to the Government on matters relating to the nursing and midwifery professions;
- to exercise general supervision and control over the two professions and to perform any other function relating to those professions or incidental to their practice.

The composition of the Council consist the following:

- a chairperson who shall be a senior registered nurse or midwife or both appointed by the Minister;
- ex officio members which include the following: the commissioner for nursing services; the chief training officer (nursing);the registrar; the senior principal nursing officer, Mulago Hospital; the senior principal nursing officer, Butabika Hospital; the head of the department of nursing, Makerere University;
- twelve members representing the following bodies: two representatives elected by the Uganda Nurses and Midwives Association; two tutors representing all nursing and midwifery schools in Uganda, elected from among their number; one representative elected by public health nurses from among their number; one representative elected by psychiatric nurses from among their number; two representatives of nurses and midwives working in nongovernment organisation hospitals; one representative of the Uganda Private Midwives Association; one representative of the Uganda Community-based HealthCare Association; one representative of the Uganda Medical and Dental Practitioners Council; one representative of the Uganda Allied Health Professionals Council.

The Act establishes a council which is head by a Registrar whose is a Chief Executive Officer a public officer appointed by the Health Service Commission from among the registered nurses and midwives. The Functions of the Registrar are as follows:

- keep and maintain the registers and the rolls of nurses and midwives;
- make necessary alterations and corrections in the registers or rolls in relation to any entry as may be directed by the council from time to time;
- remove from any register or roll the name of any person ordered to be removed under this Act; the name of a deceased nurse or midwife; any entry which may have been incorrectly or fraudulently made in the register or roll; with the consent of the person concerned, the name of a person who has ceased to practise;

- reinstate a name removed from the register or roll for a specified period at the request of the person concerned, after payment of the prescribed fee;
- inspect and have full access, on behalf of the council, to all maternity homes and nurse health units;
- implement the decisions of the council; and perform any other duty that may be required under this Act or as the council may direct.

The registrar is responsible for the recording of all the minutes of the meetings of the council and its committees and shall keep custody of all records and documents of the council.

Under Act registered midwives may go into private practice after five years service in a hospital or health unit (Section 30(1)); and registered nurses can only apply to engage in private practice after ten years' service in a hospital or health unit (Section 30(2)). Nurses and midwives need a special licence or permission to stockpile, retail or wholesale drugs (Section 34(1)). Nurses and midwives may not carry out procedures beyond common conditions and health problems but must refer all cases beyond their ability to a medical practitioner (Section 34(2)). The Act establishes a disciplinary committee with powers to inquire into the conduct of a registered nurse or midwife (Sections 36, 37) and makes it an offence for a person to use any title of a nurse or midwife unless registered under the Act (Section 53).

Gaps/ weaknesses/ Constraints:

Gaps:

- The appointment of the Chairperson of the Council is made by the Minister which is undemocratic for a professional body;
- No specific provisions for regulating licencing of foreign nurses and midwives;
- No specific provisions for dispute resolution;
- No clear provisions for effective involvement in the regulation of training and examination of nurses and midwives under the BTVET arrangement;
- No powers to the Council set;
- No clear provisions to inspect and accredit new and existing training institutions for nurses and midwives under the BTVET arrangement;
- No provisions for collaboration with other regulatory bodies such as joint inspection of premises and joint disciplinary actions;
- No provisions for creating offences to charge non professional who use the name, trade tools and equipment that are a preserve of the nursing and midwifery profession;
- No provisions for creating offences to charge nurses and midwives who practice without a valid certificate

- No provisions for protection of nurses and midwives in their professional practice;
- No clear provisions for categorization of nurse;
- No clear provisions for disciplining nurses and midwives employed under the Public Services arrangement.

Recommendations:

Amend the Act to cover the following:

- Selection of the Chairperson of the Council by election amongst nurses and midwives themselves;
- Create strong provisions for regulating licencing of foreign nurses and midwives;
- Establish provisions for dispute resolution;
- Create clear provisions for involvement in the regulating training and examination of nurses and midwives under the BTVET arrangement;
- coordination with other professional councils on joint inspections of premises and joint disciplinary actions;
- Create provisions for the protection of nurses and midwives in their professional practice;
- Create provisions to be effectively involved in the inspection and accreditation of new and existing institutions for nurses and midwives under the BTVET arrangement.
- Create provisions that provide offences for practicing without a valid licence;
- Create provisions for creating offences to charge non professionals who use the name, trade tools and equipment that are a preserve of the nursing and midwifery profession
- Disciplining professionals under the Public Service

Develop Regulations under the Act to cover the following:

- the adaptation of new health technologies and practices such as regulation of e-medicine.

2.3.4 The Allied Health Professionals Act Cap 268

The Act provides for the regulation, supervision and control of the allied health professionals and establishes the establishment of a council to register and licensing the allied health professionals.

It establishes a Council with the following functions:

- to regulate the standards of allied health professionals in the country;
- to regulate the conduct of allied health professionals and to exercise disciplinary control over them;
- to approve courses of study for allied health professionals;

- to approve, supervise and regulate the training institutes for the different categories of allied health professionals;
- to approve the qualifications awarded by the different institutes in respect of the different categories of the allied health professionals;
- to supervise the registration of allied health professionals and the publication of the names of registered allied health professionals in the Gazette;
- to advise and make recommendations to the Government on matters relating to the allied health professions;
- to exercise general supervision and control over the allied health professions and to perform any other function relating to those
- professions or incidental to their practice; and
- to perform any other functions conferred upon it under this Act or referred to it from time to time.

The Composition of the council of is the following:

- a chairperson who shall be a senior allied health professional appointed by the Minister;
- a representative of the director general of the health services;
- the assistant commissioner of health services responsible for
- allied health professionals;
- one person representing each of the following professions, dentistry; pharmacy; clinical medicine; medical laboratory technology; orthopaedic technology; physiotherapy;
- public health; radiography;
- a representative of the Medical and Dental Practitioners Council;
- a representative of the Nurses and Midwives Council;
- one representative of all faculties of medicine of all universities
- established in Uganda by law; and
- a representative of the National Drug Authority.

The Council is headed by a registrar of the council who shall be a public officer appointed by the Health Service Commission from among the registered allied health professionals. The functions of the registrar include keep and maintain the registers of the allied health professionals and make necessary alterations and corrections in the registers in relation to any entry as may be directed by the council from time to time. The Council is empowered to recognize training institutions taking into account the entrance requirements, the curriculum followed and, where possible, the professional standards exhibited by persons holding qualifications of the training institution awarding the qualification, recognise the institution and the qualification awarded by that training institution for purposes of registration under this Act. The council approves the courses of study for the

different categories of the allied health professionals and the qualifications awarded to persons who pass the qualifying examination.

The Council controls the registration of the allied health and the licensing of private practice and registration of allied health units and inspects of health units. A person licensed is required to submit before the 31st day of January in each year, make and submit to the supervisory authority a report of his or her transactions and all the cases he or she attended in the preceding year where applicable, and all the registers and records made by that person in the preceding year shall be made available to the supervisory authority for inspection.

The Council if satisfied with the transaction of the licensed person and the report made under can issue a letter of competence to that licensed person; and the licensed person shall, before the 31st day of January each year, present the letter of competence together with the application for renewal to the registrar for the renewal of a practising license.

The Act establishes a Disciplinary committee which receives an allegation which, if proved, would constitute a professional misconduct on the part of a person registered under this Act, it may refer the matter to the disciplinary committee to hold and inquire into the alleged misconduct.

The Council controls the registration of the allied health and the licensing of private practice and registration of allied health units and inspects of health units

The Act makes provisions for licensing and registration for private practice. Under section 29, the allied health professionals may establish, engage in and manage private common health conditions units as follows:

- dispensers to manage drug shops, compounding and preparation of mixtures as may be approved by the National Drug Authority;
- medical clinical officers to manage some common health conditions approved between the council and the Medical and Dental Practitioners Council;
- laboratory technologists to manage laboratory services approved between the council and the Medical and Dental Practitioners Council;
- physiotherapists to manage physiotherapy services;
- public health dental officers to manage common dental conditions approved between the council and the Medical and Dental Practitioners Council;
- any other professionals, as may be declared by the Minister, on the advice of the council and the Medical and Dental Practitioners Council.

Section 30 requires allied professional to get a practicing licence before engaging in private practice and it is an offence to practice without a licence.

Section 32 requires that any person or body who or which intends to open a private allied health unit shall apply to the council for the registration of the unit and registered units shall be published in the Gazette soon after registration is authorized.

Under section 34, it is an offence for a registered allied health professional who employs as his or her substitute a person who is not registered in the same discipline as oneself.

Under Section 35, the Registrar the registrar or any allied health professional authorised to enter into and inspect any Health unit to access compliance the Act.

Gaps weaknesses/ constraints:

- There is a prolonged and disjointed licensing process which constrains the practice of allied professionals;
- No provisions for collaboration with other regulatory bodies such as joint inspection of premises and joint disciplinary actions;
- No provisions for regulating all allied related professional practice;
- No clear provisions for regulating licencing of foreign allied professionals
- No clear provisions for dispute resolution;
- No provisions for protection of allied professionals in their professional practice.
- No provisions for the to regulate of training and examination of professionals;
- No provisions for coordination with other professional councils;
- No clear provisions for disciplining allied health professional employed under the Public;
- No provisions for creating offences to charge non professional who use the name, trade tools, equipment and drugs that are a preserve of the Allied Health Professionals.

Recommendations:

The Act can be amended to address the following:

- Create provisions for a single licencing process by the Allied Health Professional Council with collaboration of the NDA and the Medical and Dental Council;
- Create strong provisions for regulating licencing of foreign allied professionals;
- Create strong provisions for dispute resolution;
- Create provisions that cover all allied health professionals practice including alternative medicine and practice;

- Create provisions for the to regulate of training and examination of professionals;
- Create provisions for coordination with other professional councils in joint inspections of premises and joint disciplinary actions;
- Provisions for disciplining allied health professionals employed under the Public
- Provisions for creating offences to charge non professional who use the name, trade tools equipment and drugs that are a preserve of the Allied Health Professionals

2.3.5 The Pharmacy and Drugs Act Cap 280

The Act provides for the control of the profession of pharmacy and trade in and use of drugs and poisons. The Act consolidates the law relating to the control of the profession of pharmacy and trade in and use of drugs and poisons, and other purposes connected therewith.

It establishes the Pharmacy Board which consists of the chief medical officer, who shall be the chairperson; the chief pharmacist; an advocate of at least five years' standing being a public officer appointed by the Minister; two medical practitioners appointed by the Minister; a veterinary surgeon appointed by the Minister; and four pharmacists appointed by the Minister.

It provides that the position of the Registrar who is the chief pharmacist and a secretary to the board and perform such other duties as may be required of him or her by law or by order of the board.

The Act empowers the chairperson of the board to summons any person to appear before the board or the disciplinary committee at an inquiry held in connection with any of the functions of the board or the disciplinary committee.

The Act also establishes the Pharmaceutical Society of Uganda which is mandated to regulation the pharmacy profession. It provides requirements for membership of the society. A person can be a member of the society when she or he:

- passes the qualifying examinations for membership of the society approved by the council, and completes practical training of such description and for such period as may be prescribed by byelaws made by the council;
- holds a degree, diploma or other qualification awarded by a university or institution, approved by byelaws made by the council, denoting a standard which, in the opinion of the board, is not lower than that required above and completes practical training of such description and for such period as may be prescribed by byelaws made by the council;

- is a member of any society or institute of pharmacists by whatever name called and approved by byelaws made by the council as being, in the opinion of the council, an association of equivalent status to the society, shall be eligible for membership of the society.

The Act provides general requirements for being a member of the society. These include the following:

- A person should have attained the age of twenty-one years and has paid the prescribed fees;
- A person should not have been adjudged by a court to be of unsound mind; or has been convicted by a court whether in Uganda or elsewhere of any offence involving fraud or dishonesty; or if, having been adjudged an insolvent or bankrupt, he or she has not been granted by a court a certificate to the effect that his or her insolvency or bankruptcy has arisen wholly or partly from unavoidable losses or misfortunes.

Under the Act every member of the society is entitled to take and use the title “Member of the Pharmaceutical Society” and has the right to use the expression “M.P.S.” after his or her name to indicate that he or she is such a member.

The Act has restrictions on use of premises and sale of drugs. No person is permitted to open premises to the public for the sale of drugs under the description “pharmacy”, “dispensary”, “chemist” or “drug store”, or any similar description, unless a pharmacist is on the premises and is supervising the activities carried on.

Under section 13 the Board can direct the Registrar to enter the applicant’s name in the Register if it is satisfied that the applicant is good character and paid the prescribed fee.

Section 14 requires the registrar to cause a list of all pharmacists whose names appear in the register on the thirty-first day of December in each year to be published in the Gazette during the following January.

Section 28 imposes a duty on a pharmacist carrying on or employed in a pharmacy business who is requested during normal business hours to dispense a valid prescription, or to supply any drug to a registered medical practitioner, a veterinary surgeon or dentist for use in immediate treatment, he or she shall comply with the request unless there are reasonable grounds for his or her failing to do so.

Gaps/ weaknesses/ constraints:

- The Act provides for two regulators in the same Act: the Pharmacy Board and Pharmaceutical Society of Uganda. This brings conflicts between the two bodies;
- Unlike other health professionals, the Act does not establish a Pharmacy Council to regulate the pharmacy profession;
- Regulation of the profession and professionals fragmented between the PB, PSU, NDA, & AHPC
- The Act does not provide the interpretation section that defines key terms;
- No clear defined mandates between inspection of premises between NDA and regulatory body of the Pharmacy professionals;
- No strong provision regulate management of pharmacies in the hospitals and clinics, retail pharmacies;
- No provisions for dispensing of medicine on the counter;
- No provisions regarding the collaboration between the Medical and Dental Practitioners Council and the Uganda Veterinary Board;
- No strong provision for regulating private Pharmacy practice;
- No strong provisions for regulating licenses for foreign Pharmacy practitioners;
- No strong provisions to govern establishment Pharmacy facilities and their subsequent management;
- No provisions for dispute resolution mechanism before an aggrieved person goes to court;
- No provisions for collaboration with other regulatory bodies such as joint inspection of premises and joint disciplinary actions;
- No provisions that create offences related to the practice of Pharmacy;
- No provisions to approve and register training institutions for Pharmacists;
- No provisions register names of the registered Pharmacy practitioners in the Government Gazette.
- No clear provisions for disciplining pharmacists employed under the Public
- No provisions for creating offences to charge non professional who use the name, trade tools and equipment that are a preserve of the Pharmacists
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Recommendations

Amendment of the Act:

The Act should be amended to address the following:

- Create an interpretation section that defines key terms applicable in the Professions;
- Create a provision that establishes a Pharmacy Council of Uganda to regulate the profession;
- Create strong provisions for regulating private Pharmacy practice;

- Create provisions for regulating licenses for foreign Pharmacy practitioners;
- Create provisions to govern establishment Pharmacy facilities and their subsequent management;
- Create a section for offences committed in the practice of the professions;
- Create provisions for coordination with other professional councils in joint inspections of premises and joint disciplinary actions;
- Create provisions to approve and register training institutions for Pharmacists;
- Create a provision for dispute mechanisms;
- Create provisions register names of the registered Pharmacy practitioners in the Government Gazette.
- Provisions for disciplining pharmacists employed under the Public
- Provisions for creating offences to charge non professional who use the name, trade tools and equipment that are a preserve of the Pharmacists

Developing Regulations:

- Regulations should be developed to govern the management of pharmacies in hospitals, clinics and Drug sellers/shops.

Drafting new Acts:

- Enact a new act that establishes the Pharmaceutical Society of Uganda.

2.3.6 The National Drug Policy and Authority

The Act establishes a national drug policy and a national drug authority as a regulatory body responsible for regulation of drugs in the country to ensure the availability at all times of essential, efficacious and cost effective drugs to the entire population of Uganda as a means of providing satisfactory health care and safeguarding the appropriate use of drugs.

Under the Act the functions of the National Drugs Authority include the following:

- To deal with the development and regulation of the pharmacies and drugs in the country;
- To control the importation, exportation and sale of pharmaceuticals;
- To control the quality of drugs;
- To promote and control local production of essential drugs;
- To encourage research and development of herbal medicines;
- To promote rational use of drugs through appropriate professional training;
- To establish and revise professional guidelines and disseminate information to health professionals and the public.

A license is needed for a person to carry out business of a pharmacist or engage in the business of selling drugs (Section 14 and 15). Importation or sell of any drug

unless it appear on the national formulary (Section 8). Under Section 10 the Act establishes a Commission which is required to ensure regular assessment and estimation of the national drug needs both in the public and private sectors.

The Act permits a person registered or enrolled under the Nurses and Midwives Act or any other authorized person to supply or dispense restricted drugs in accordance with regulations made by the Minister in that behalf.

The Act provides that a person can be licensed to carry on a business of mixing, compounding and preparing and supplying restricted drugs by retail. It requires that for the business of the restricted drugs will be carried on under the immediate supervision of a pharmacist in each set of premises where the business is to be carried on and in the case of a body corporate, that at least one of the directors is a pharmacist resident in Uganda and in the case of a partnership, that at least one of the partners is a pharmacist resident in Uganda,

Under Section 34 every person carrying on a pharmacy business on any premises is required within twenty-one days after the commencement by him or her of that business on those premises and annually in the month of January thereafter to send to the authority returns stating the location and postal address of the premises; the name and principal postal address of the person carrying on the business and the name of the pharmacist supervising the sale of drugs at those premises.

Section 44 requires license form the National Drug Authority for any person or body to export or import drugs into Uganda. A person who exports any classified drugs shall keep a record in the prescribed form of all exports.

Gaps/ weaknesses/ Conflicts

- No provisions for NDA to regulate drug dispensers and yet supply drugs especially in rural areas;
- No provisions regarding the involvement of training by NDA;
- No clear mandate between the NDA and Pharmacy regulator regarding the development and regulation of the pharmacies;
- No clear mandate between NDA and the Allied Professional Council regarding the regulation of dispensers;
- Weak penalties for offences committed under the Act;
- No strong provisions for regulation of herbal medicine;
- No provisions that promote collaboration between NDA, other professional councils and the Uganda Veterinary Board.

Recommendations

Amendment of the Act:

The act can be amended to cover the following aspects:

- Regulation of drug dispensers;
- Involving NDA in training of pharmacists;
- Harmonizing the role of NDA and Pharmacy regulator regarding licencing and inspection of premises;
- Harmonizing the role of NDA and the Allied Professional Council regarding the regulation of regulators;
- Imposing heavier penalties for offences committed under the Act.

Drafting new Act:

- Enact the Herbal Drugs Act that provides detailed provisions for regulation of herbal drugs.

2.3.7 The National Medical Stores Act Cap 207

The Act establishes the National Medical Stores. The Act provides the objective of NMS to include the following:

- the efficient and economical procurement of medicines and of certain other medical supplies of good quality primarily to the public health services;
- the secure, safe and efficient storage, administration, distribution and supply of the goods, having regard to national needs and to the special nature of the goods in question in accordance with the national drug policy and the national drug authority;
- the establishment and maintenance of systems to ensure the quality of goods supplied;

NMS is required to advise the National Drug Authority, and the National Drug Authority shall advise the Ministry responsible for health, the Ministry responsible for finance, planning and economic development and the Ministry responsible for local government either on request or at the board's on the estimation of drug needs and the distribution and use of medicines in the public health service.

NMS may supply medicines and medical supplies against payment for use in private health care, on condition that there will be no diversion of supplies or of donor or Government funds from public to private health care.

Gaps

- No strong provisions regulation for procurement and supply of medicine and medical supplies to private health care.

Recommendations:

- Draft regulations for procurement and supply of medicine and medical supplies to the private health care.

2.3.8 Public Health Act 281

The Act makes for the preservation of public health. It establishes the Advisory Board of Health which comprises the chief medical officer, or his or her authorised representative, as chairperson and such other members as the Minister may see fit to appoint, including at least three officials resident in Uganda who shall be appointed for such period as the Minister may determine. The chairperson shall appoint such person as he or she may think fit to be secretary of the board. It empowers the Minister to declare modifiable diseases and make rules the duties of medical practitioners called in to visit or in any manner becoming aware of any modifiable disease; the duties of heads of families, parents or other persons having the care of or in attendance on any sick person; the duties of owners or occupiers of land, the owners or managers of mines, employers of labour, and all chiefs or headmen or others; the duties of the person in charge of any school, mission or missionary institution, orphanage or similar institution in regard to the reporting of such diseases or any other disease specified in the rules; the circumstances in which notification of particular diseases shall not be required; the duties of the local authorities in respect of keeping registers of records of notifications of disease; the duties of registrars of births and deaths in respect to furnishing a local authority or medical officer of health with notification of returns of births and deaths notified with the registrars; the forms to be used and the particulars to be furnished by medical practitioners and others when making the notifications to a local authority or medical officer of health; the forms to be used and the particulars to be furnished by a local authority and a medical officer of health when transmitting returns and reports to the chief medical officer; the fees to be paid by a local authority or the Government to medical practitioners for certificates provided in accordance with the rules, and generally for better carrying out the provisions and attaining the objects

The Act empowers the medical officer of health to inspect premises and persons in which he or she has reason to believe that any person suffering or who has recently suffered from any infectious disease is or has recently been present, or any inmate of which has recently been exposed to the infection of any infectious disease, and may medically examine any person in the premises for the purpose of ascertaining whether the person is suffering or has recently suffered from or is a carrier of any such disease and may cause a postmortem examination to be made on any corpse for the purpose of ascertaining if the cause of death has been any infectious disease.

It empowers the medical officer of health to cause premises to be disinfected where any medical officer of health is of opinion that the cleansing and disinfecting of any building or part of the building, and of any articles in the building likely to retain infection, would tend to prevent or check infectious disease. A local Authority may direct the destruction of any building, bedding, clothing or other articles which have been exposed to infection from any infectious disease or in the opinion of the medical officer of health are infected, and that direction shall be sufficient authority for a person authorised to do so to destroy the same. It may also provide and maintain conveyances for the carriage of persons suffering from any infectious disease or for the removal of any infected bedding, clothing or other articles and may pay the expenses of carriage in such conveyance of any person so suffering to a hospital or other place of detention.

A local authority may cause the person to be moved to the hospital or any temporary place which in the opinion of a medical officer of health is suitable for the reception of the infectious sick and to be detained there until the medical officer of health or any medical practitioner, duly authorised thereto by the chief medical officer, is satisfied that he or she is free from infection or can be discharged without danger to the public health.

In every case of death from an infectious disease, it shall be the duty of the occupier of the building in which the death has occurred immediately to notify the local authority of the death; and on receipt of the notification the local authority shall at once transmit the information received to the nearest medical officer of health and make the best arrangements practicable, pending the removal of the body and the carrying out of thorough disinfection, for preventing the spread of the disease.

A medical officer of health, a local authority or any administrative or police officer may direct that a dead body of a person who has died from an infectious disease be removed to a mortuary or other suitable place whenever the body is retained in contravention of section 24 in a room in which any person lives, sleeps or works, or in which food is kept or prepared or eaten; or is retained in any premises in circumstances which, in the opinion of a medical officer of health, are likely to cause nuisance or endanger health.

The Act imposes on a local authority a responsibility for the removal and burial of bodies of destitute persons and of unclaimed bodies.

The Act empowers the Minister by statutory order declare to be a formidable epidemic disease and Venereal diseases such as syphilis in its contagious forms, acute and chronic gonorrhoeal ophthalmia, soft chancre, lympho granuloma

inguinale, granuloma venereum and any other disease. All medical officers with knowledge of a person suffering from a communicable venereal disease must give such person notice to attend medical treatment (Section 48). The Public Health Act requires: every person suffering from venereal diseases to seek medical treatment from medical practitioner (Section 43); parent or guardian to seek treatment for child believed to be suffering from venereal disease (Section 46) . It is an offence to fail to have the child treated (Section 46 (2)) and persons suffering from communicable venereal diseases should not work in employment entailing care of children or handling food intended for consumption (Section 47).

Examination of female patients should be done by female medical practitioner (Section 52). Advertising or sale of medicines, appliances or articles to alleviate or cure venereal disease, disease affecting generative organs or sexual impotence is prohibited (Section 55).

The provides that the Minister may select and appoint by statutory instrument sufficient and proper places to be the sites of and to be used as cemeteries or crematoria for municipalities and towns; and it shall be an offence, where such cemeteries or crematoria exist, to bury or burn the dead elsewhere within the municipality or town. All cemeteries now being used as such and such other cemeteries as may be authorised by the Minister shall be deemed authorised cemeteries.

The Act prohibits exhuming anybody or the remains of anybody which may have been interred in any authorized cemetery or in any other cemetery, burial ground or other place without a permit granted only to the legal personal representative or next of kin of the person buried, or to his or her or their duly authorised agent or granted by the district commissioner in respect off any body or the remains of anybody interred in any cemetery or burial ground or any other place.

The Record of permit for exhumation shall be kept at the office of the Registrar General of births, deaths and marriages. The Minister may by statutory instrument declare that any authorised crematorium or cemetery shall, from a time to be specified in the notification, be closed, and the crematorium or cemetery shall be closed accordingly; and any person who after the specified time shall burn or bury anybody or the remains of any body in that crematorium or cemetery commits an offence and is liable on conviction to a fine not exceeding one thousand five hundred shillings.

The Act provides that in places where no crematorium is provided, it shall be permissible for cremations to be carried out at such places and under such

conditions as are laid down by the local authority with the concurrence of the medical officer of health.

The Act empowers the Minister to make rules for the proper control of clinics or institutions open or kept open by any person for the welfare and care of children or the care of expectant or nursing mothers.

Gaps:

- The Act is outdated and does not correspond to the current structure of institutions and emerging issues of public health. The penalties imposed under the Act are also too low.

Recommendations:

- Enact a new Public Health Act

2.3.9 The Mental Treatment Act Cap 279.

The Act makes provisions for the care of persons of unsound mind and for the management of mental hospitals in Uganda.

Gaps:

This Act is outdated and need overhaul.

Recommendations:

- Develop Mental Health Bill of Uganda

2.3.10 The Penal Code Cap 120

The Penal Code creates offences that applicable to health. The Penal Code Act provides for offences that are relevant to health professional these include:

- unlawfully or negligently doing any act which is, and which a person knows or can reasonably believe to be, likely to spread the infection of any disease dangerous to life (Section 186);
- an unlawful act or omission that causes the death of another person (Section 187);
- Causing the death of another person by an unlawful act or omission commits with malice aforethought murder (Section 188);
- Committing manslaughter when acting in pursuance of a suicide pact between him/her and another he kills the other (section 95(1));
- killing an unborn child (sections 212 and 213);
- maliciously administering poison or a noxious thing with intent to harm or endanger the life of any person (section 221).

- Preventing a child from being born alive by any act or omission (Section 228);
- administering poison to another which endangers or causes grievous harm (Section 236).
- voluntarily vitiates the atmosphere in any place so as to make it noxious to the health of persons in general dwelling or carrying on business in the neighbourhood or passing along a public (177);
- Under section 224 a health professional is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon any person for his or her benefit, or upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time, and to all the circumstances of the case.

Gap:

- The penal code has no provisions regarding traditional health practitioners who commit offences in service delivery.

Recommendation:

- Amend the penal code to cover offences committed in the process of service delivery of traditional health practitioners.

2.3.11 The Venereal Diseases Act, Cap 284

This is a law that provides for the examination and treatment of persons infected with venereal Diseases. The Act further provides for offences and penalties for the spread and transmission of a venereal disease.

Gaps:

- This Act is outdated.

Recommendation:

- Develop a Venereal Diseases Bill.

2.3.12 The Occupational Safety and Health Act, Act No. 9 of 2006

The Occupational Safety and Health Act was enacted to consolidate, harmonise and update the law relating to occupational safety and health and to repeal the Factories Act, Cap 220 and to provide for related matters. Section 14 of the Act legislates on safety and health measures of employers thus an employer is required to:

- prepare, and as often as may be appropriate, revise a written statement of policy with respect to the safety and health of employees while at work;
- make arrangements for carrying out the statement of policy; and
- bring the statement of policy and revision of it to the notice of all employees.

The Act goes further to give employers the responsibility to supervise the health of workers as enumerated which include the following:

- ensuring that the health of the workers exposed to or liable to be exposed to occupational hazards due to pollution and other harmful agents in a working environment and this duty shall include –
- a pre-assignment medical examination of workers, before assignment to specific tasks which may involve danger to their health or that of others;
- periodic medical examination of workers during employment which involves exposure to a particular hazard to health;
- biological monitoring or investigations which may be necessary to control the degree of exposure and to supervise the state of health of worker concerned; and
- regular medical examination for biological or other tests or investigations after termination of assignments which may cause or contribute to future health impairment.
- to provide occupational health service in an undertaking, to secure adequate health for the workers and for any other persons in the area under the influence or the undertaking.
- It shall be the duty of every employer to inform a worker concerned of any health hazards involved in his or her work.

Gaps:

- No regulations have been developed to implement the Act.

Recommendations:

- Develop regulations on Occupational Health.

2.3.13 Inquest Act

The Act provides the procedure of a legal inquiry into the medical cause and circumstances of a death. It defines a medical practitioner as any person registered or licensed to practise medicine or surgery under the Medical and Dental Practitioners Act. It makes provisions on the procedure how the medical practitioner can make an enquiry and make a report. He or she has upon receiving a request to immediately make an examination of the body, with a view to determine from the examination the cause of death, and to ascertain the circumstances connected with the death and makes a report in writing to the coroner describing the appearance of the body and the conclusions which he or she draws from the appearance touching the death of the person. The report has to state the cause of death, and has to be signed and dated by the medical practitioner and the report on being read at the inquest by the coroner shall be prima facie evidence of the facts stated in it without further proof, unless it is proved that the medical practitioner purporting to sign the report did not in fact sign it.

Gaps:

- This Act is outdated.

Recommendation:

- Develop a new Inquest Bill.

2.3.14 The Local Government Act Cap 243

One of the objectives of the Act is to provide for decentralisation at all levels of local governments.

Under the second Schedule, the central government is responsible for controlling and management of epidemics and disasters and developing the Health policy

The District Councils are responsible for Medical and health services, including hospitals, other than hospitals providing referral and medical training; health centres, dispensaries, sub dispensaries and first-aid posts; maternity and child welfare services; the control of communicable diseases, including HIV/AIDS, leprosy and tuberculosis; control of the spread of disease in the district; rural ambulance services; primary health care services; vector control; environment sanitation; health education; ambulance services; clinics, dispensaries, health and inoculation centres; cemeteries, crematoria and mortuaries and ancillary services, and provide for the burial of bodies of destitute persons and of unclaimed bodies.

Gaps:

- No regulations for management of maternity and child welfare control of communicable diseases, rural ambulances and primary health services at the local government.

Recommendations:

- Develop regulations for provision of health services at the local government level.